

STATE OF HAWAII • DEPARTMENT OF EDUCATION  
**REQUEST FOR REFUND (Form ST-72)**



To be completed by parent or guardian. Submit completed request form to:  
 State of Hawaii, Department of Education  
 Student Transportation Services Branch  
 3633 Waialae Avenue  
 Honolulu, HI 96816

PAY TO: \_\_\_\_\_, \_\_\_\_\_ DATE: \_\_\_\_\_  
Legal LAST Name Legal FIRST name

MAILING ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_

AMT. PAID: \_\_\_\_\_ PAYMENT FORM: \_\_\_\_\_ RECEIPT NO.: \_\_\_\_\_

**BUS PASS TYPE:**  One-way  Roundtrip **PAYMENT PLAN:**  Quarterly  Annual SY: \_\_\_\_\_

REASON FOR REQUEST (Provide detailed information):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I agree that my signature on the bus pass application form verified my acknowledgment of the DOE's firm NO REFUND policy on all bus pass and coupon sales. Therefore, I hereby acknowledge that my refund request could be denied based in part or in whole on this policy. I further acknowledge that I will be required to surrender my child's bus pass to the DOE in order to receive my refund.

\_\_\_\_\_  
*Signature of Parent or Guardian* \_\_\_\_\_ *Date*

**FOR STSB USE ONLY:**

Approved  Disapproved Refund Amount \$ \_\_\_\_\_

\_\_\_\_\_  
Signature of Student Transportation Services Branch Manager \_\_\_\_\_ Date

Invoice No. \_\_\_\_\_ Account No. \_\_\_\_\_  
School ORG ID Name of Student or Description of Payment

Prepared by: \_\_\_\_\_ Date: \_\_\_\_\_ Posted by: \_\_\_\_\_ Date: \_\_\_\_\_

Payment No.: \_\_\_\_\_ ATP No.: \_\_\_\_\_

**ACCOUNTING INFORMATION:**

ORG ID: 72500 PROG ID: 32600 SOURCE/OBJECT: 1164 FY: \_\_\_\_\_